Mid-Willamette Valley Council of Governments 100 High St SE Suite 200 Salem OR 97301

Phone: 503-540-1612 Fax: 503-588-6094 www.mwvcog.org Marion County Building Inspection 5155 Silverton Road NE Salem OR 97305 Phone: 503-588-5147 building@co.marion.or.us





WILDFIRE RECOVERY RESIDENTIAL SEPTIC GRANTS JOINT APPLICATION

Applicant Information:	
Full legal name:	
Email address:	
Primary phone number: Msg or work phone number:	
Msg or work phone number:	-
Mailing address (street, city, state, zip):	If different than the address to receive
improvements (listed below):	_
Sentic System Information:	
Septic Property Address (street, city, zip):	
Current proof of property ownership provided: <u>Y/N</u>	
Has this property applied to receive or received recovery funds etc.): $\underline{Y/N}$.	from any other source? (Craft 3, Marion County, Insurance
Has a septic permit been issued for the property? <u>Y/N.</u> (If yes,	provide permit number and date):
Has a septic authorization been approved? $\underline{Y/N}$. (If yes, provide	e permit number and date):
Has there been a septic Certificate of Satisfactory Completion is septic repair or replacement been completed? <u>Y/N.</u>	ssued for the completed work on this property all work on
The total cost of the septic system repair or replacement):	
Copies of itemized receipts or a paid bill of sale provided: Y/N	
Applicant agrees to connect to any future municipal wastewate	r treatment system if it becomes available <u>Y/N.</u>

Annual Household Incon	ne Information (<u>N</u>	Tembers 18 and older)	:		
Annual Household Incon	ne Information (<u>N</u> APPLICANT	1embers 18 and older)	: OTHER	VERIFICATION	
				VERIFICATION	
INCOME SOURCE				VERIFICATION	
INCOME SOURCE Wages Social Security Income				VERIFICATION	
INCOME SOURCE Wages Social Security Income Unemployment				VERIFICATION	
INCOME SOURCE Wages Social Security Income Unemployment Welfare				VERIFICATION	
INCOME SOURCE Wages Social Security Income Unemployment Welfare Pension				VERIFICATION	
INCOME SOURCE Wages Social Security Income Unemployment Welfare Pension Child Support/Alimony				VERIFICATION	
INCOME SOURCE Wages Social Security Income Unemployment Welfare Pension Child Support/Alimony Interest/Dividends				VERIFICATION	
INCOME SOURCE Wages				VERIFICATION	

You are submitting this application jointly to the MWVCOG and Marion County Building Inspection. You certify that this application is true and complete. MWVCOG and Marion County Building Inspection may verify this information from

Inspection.

whichever sources it deems necessary and may provide others with information regarding your application information with MWVCOG and Marion County Building Inspection to the extent permitted by law. This application remains the property of the MWVCOG and Marion County Building Inspection.

By signing below, you agree to sign all required MWVCOG and Marion County Building Inspection grant application documentation prior to the disbursement of any approved funding and as a condition of final approval of MWVCOG and Marion County Building Inspection Wildfire Septic Recovery Grant funds.

By providing your e-mail address, you consent to sign any/all grant documents as an electronic transaction. The applicant(s) understand and agree that all applicable agreements shall be binding on each applicant(s) jointly and severally.

All financial information will be held confidential to the extent permitted by the Oregon public records law, ORS 192.311 to 192.478.

By signing this application, I attest to the following:

- The property referenced above was affected by the Labor Day fires in 2020 and the residential septic had to be repaired, replaced or otherwise modified as a result.
- The information contained in this form is accurate.
- I have not received, and do not anticipate receiving, assistance from insurance settlements, FEMA assistance, or any other state, local, federal, or private assistance for the repair or replacement of a septic system that, when combined with this grant program, would exceed the actual costs for eligible expenses incurred.

Further by signing this application, I agree to the following:

- I agree to transition my septic system to a future municipal sewer system once the system is installed.
- I agree that the future municipal sewer system, to the extent practicable, may use components of my septic system receiving a reimbursement grant.
- I agree that Santiam Disaster Services and my Disaster Case Manager can release information to MWVCOG/Marion County, and that MWVCOG/Marion County may share all information about my On-Site Septic Application to Santiam Disaster Services, and my Disaster Case Manager.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are subject to penalty for perjury.

Applicant X	Date X
Applicant X	Date X

You may submit this application by email to either: <u>Slobnibe@mwvcog.org</u>; or by mail to 100 High St SE, Suite 200, OR 97301

FOR OFFICE USE ONLY

Applic	eation No	
□ Prop □ Prop □ Have □ Rece □ Sept	of of property ownership provided perty wildfire affected perty within Zip Code Area (97038, 97342, 97346, 97350, 97 e not previously applied for septic recovery funds eipts provided totaling system cost citic authorization or permit approved or completed (Authorization 2012).	
□ MW □ Che	VCOG amount to award: ck Requested Date	
	COG Signed: Date:	
Jurisdict	tion:	
0	Detroit	
0	Idanha	
0	Gates	
0	Mill City	
0	Unincorporated Marion County	
0	Unincorporated Linn County	
0	Other:	
	ion County amount to award: ck Requested Date	
Mari	ion County Signed: Date: _	-